PTO/SB/05 (08-03)

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		LITY	Attorney Docket No.	HRL099		
P.		PPLICATION	First Inventor	PRZYTULA		
• • •		SMITTAL	Title	APPARATUS	, METHOD, .	<u>P</u>
(Only for ne	w nonprovisional a	pplications under 37 CFR 1.53(b))	Express Mail Label No.	ER 26215779	4 US	
	APPLICATION	ON ELEMENTS	ADDRESS TO:	Mail Stop Pate Commissioner P.O. Box 1450 Alexandria VA	for Patents	11 U
1.						per copies PARTS  ment(s)) over of torney oble) opies of IDS tations
	6. Application Data Sheet. See 37 CFR 1.76  17. Other:					
18. If a CONTIL specification fol	NUING APPLICA NOWING the title, o	ATION, check appropriate box, and su or in an Application Data Sheet under	pply the requisite informat 37 CFR 1.76:	ion below and i	n the Tirst sen	iterice oi trie
Continuation Divisional Continuation-in-part (CIP) of prior application No.:						
Prior application information: Examiner Art Unit:						
		19. CORRESPO	MDEMOE ADDICEOS			
☑ Custom	ner Number:	28848	OR	Corresp	ondence add	ress below
Name	Name Tope-McKay & Associates					
Address	23852 PCH #3					
City	Molibu		State Ca		Zip Code	90265
Country	Malibu		Telephone 310.589.8158	3	Fax	310.943.2736
	USA		Registration No. (Attor	mey/Agent) 4	1,350	
Name (Print/Ty	(PB) CARY TO	PE-MCKAY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0/24/2003

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Telephone 310.589.8158

Date

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PTO/SB/17 (10-03)
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## **FEE TRANSMITTAL** for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

SUBMITTED BY

Name (Print/Type)

Signature

CARY TOPE-MCKAY

	(\$)	1	,598	.00
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Co	omplete if Known
Application Number	
Filing Date	
First Named Inventor	Przytula
Examiner Name	
Art Unit	
Attaman Dacket No.	HRI 099

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
Check Credit card Money Other None	3. ADDITIONAL FEES				
Deposit Account:	Large Entity   Small Entity				
Deposit Account.	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	ee Paid			
Account Number	1051 130 2051 65 Surcharge - late filing fee or oath				
Deposit	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet				
Account Name	1053 130 1053 130 Non-English specification				
The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamination				
	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action				
Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after				
to the above-identified deposit account.	Examiner action				
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month				
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month				
Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month				
Fee Fee Fee Fee Description Fee Paid	1254 1,480 2254 740 Extension for reply within fourth month				
Land 770 Cook 205 Little filing foo	1255 2,010 2255 1,005 Extension for reply within fifth month				
1001 770   2001 385   Olinity limits fee   770.00	1401 330 2401 165 Notice of Appeal				
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal				
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing				
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 770.00	1452 110 2452 55 Petition to revive - unavoidable				
	1453 1,330 2453 665 Petition to revive - unintentional				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Extra Claims below Fee Paid  Total Claims 66 200** = 46 X 18 = 828					
Independent Common Comm	1503 640 2503 320 Plant issue fee				
Claims Multiple Dependent	1460 130 1460 130 Petitions to the Commissioner				
	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)				
Large Entity   Small Entity Fee Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt  8021 40 Recording each patent assignment per				
Code (\$) Code (\$)	property (times number of properties)				
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))				
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid					
1204 86 2204 43 ** Reissue independent claims over original patent	1801 770 2801 385 Request for Continued Examination (RCE)				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application				
(0) 828 00	Other fee (specify)				
	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				
or number previously paid, if greater, For Nelssues, see above	**or number previously paid, if greater, For Reissues, see above (Complete (if applicable))				

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41,350

PTO/SB/21 (08-00)
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Onder the Paperwork Reduction Flores	95, no persons are required to re-	Application Number		
TRANS	MITTAL	Filing Dat	10/24/2003	
	RM	First Named Inventor	Przytula	
(to be used for all corresp		Group Art Unit		
· ·		Examiner Name		
Total Number of Pages i	n This Submission	Attorney Docket Numb	er HRL099	
		OSURES (chec	k all that apply)	
Fee Transmittal Form Fee Attached  Amendment / Reply After Final Affidavits/declaration  Extension of Time Request  Express Abandonment Req Information Disclosure State Certified Copy of Priority Document(s)  Response to Missing Parts Incomplete Application  Response to Missing under 37 CFR 1.52 of	(s) Petition Petition Provisi Power Chang Addres Termin Reque Ement CD, N Remarks	ng-related Papers  n to Convert to a onal Application of Attorney, Revocation e of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual name  CARY TOPE-MCKAY  Signature				
10/24/2003				
CERTIFICATE OF MAILING				
I hereby certify that this correspon mail in an envelope addressed to:	dense is boing denosited wit	h the United States Postal	Service with sufficient postage as first class nis date: 10/24/2003	
Typed or printed name	CARY TOPE-MCKAY			
Signature			Date 10/24/2003	